



Prior Authorization/Notification Requirements

wellsense.org | 855-833-8125

This document, outlining common services that require prior authorization or Plan notification, is for use by participating WellSense and WellSense Medicare Advantage providers.

The Plan and contracted vendors evaluate requests for covered services and determines medical necessity through the use of InterQual® criteria (nationally recognized commercially purchased) or internal medical policies that are evidence-based.

Please note that **InterQual 2022** is being applied where applicable starting 8/1/2022.

Prior authorization/notification requirements apply to Plan products (WellSense Medicaid and WellSense Medicare Advantage) as indicated by the symbol **◆**.

Prior to scheduling a service, providers should refer to the Member Handbook for the member's plan, the Provider Manual and the applicable Medical Policy or Reimbursement Policy for coverage and/or processing requirements for the service in question.

NOTE: The guidelines included in Plan policies on www.wellsense.org are applicable to members enrolled in WellSense Medicare Advantage *only if there are no criteria established for the specified service in a Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) on the date of the prior authorization request.*

Check the Lookup Tools for Prior Auth requirements for specific CPT and HCPCS codes.

These documents and tools can be found on the Plan's website www.wellsense.org.

If the requested service is of a medically urgent nature, as defined in the Provider Manual Section 8.9, please indicate "URGENT" on your request.

Emergent admissions and observation notifications need to be faxed to **1-866-813-8607**.

If you have any questions, please contact the Plan's Prior Authorization Department at: **877-957-1300** for requests regarding **Medical Services, Authorizations and Notifications other than Behavioral Health or Pharmacy** or the appropriate vendor as listed below.

Service	Types of Services	Vendor	Contact Information
Behavioral Health	Inpatient/diversionary/intermediate services for mental health and addiction treatment Outpatient mental health and addiction services	Carelon Behavioral Health (formerly known as Beacon Health Strategies)	Phone: 1-855-834-5655 http://www.carelonbehavioralhealth.com
Durable Medical Equipment, Prosthetics, Orthotics and Medical Supplies (DMEPOS)	DMEPOS dispensed and billed by: <ul style="list-style-type: none"> • DMEPOS providers • Pharmacies that dispense DMEPOS • Sleep study providers (excluding professional services) • Home infusion providers (excluding supplies and equipment related to home infusion, parenterals, and tube-fed enterals) • Wig providers • Emergency response system providers • Oral enterals billed by all providers 	Northwood, Inc. (Northwood)	Phone: 1-866-802-6471 Fax: 1-877-552-6551 Please note: As of October 1, 2022, WellSense is lifting prior authorization requirements for durable medical equipment (DME) under \$500 for all New Hampshire plans. Codes K0108 and E1399, used for unspecified wheelchair components or accessories and miscellaneous DME, are exempted from this change. DME under \$500 on these codes will still require prior authorization.
Genetic Testing <i>for authorizations starting 02/27/23 for a DOS on or after 03/01/23</i>	<ul style="list-style-type: none"> • Genetic Testing 	eviCore	Phone: 1-800-918-8924 https://www.evicore.com/

Service	Types of Services	Vendor	Contact Information
Musculoskeletal Procedures <i>for authorizations starting 02/27/23 for a DOS on or after 03/01/23</i>	<ul style="list-style-type: none"> • Outpatient pain management services • Joint Surgeries • Spine Surgeries • Spinal Implants • Spinal Cord Stimulators • Pain Pumps 	eviCore	Phone: 1-800-918-8924 https://www.evicore.com/
Radiology (Non-Emergent Outpatient, Excluding Those Associated with Observation or Emergency Department Visits)	<ul style="list-style-type: none"> • Nuclear cardiology imaging, including myocardial perfusion imaging, cardiac blood pool imaging, infarct imaging and positron emission tomography (PET) myocardial imaging • Computed tomography (CT), including CT angiography, derived fractional flow reserve, structural CT and quantitative evaluation of coronary calcification • Magnetic resonance imaging (MRI) • Magnetic resonance angiography (MRA) • Magnetic resonance spectroscopy (MRS) • Functional MRI (fMRI) 	eviCore	Phone: 1-800-918-8924 https://www.evicore.com/

Service	Types of Services	Vendor	Contact Information
<p>Transportation, Non-Emergent Medical</p>	<p>Non-emergency transportation coverage is available, when necessary, to help members get to and from the following healthcare services:</p> <ul style="list-style-type: none"> WellSense Health Plan Covered Services Services directly paid for by New Hampshire Medicaid <p>Modes of non-emergent medical transportation:</p> <ul style="list-style-type: none"> Non-emergent ambulance when initiated by provider and deemed medically necessary by the Plan Wheelchair van when certified by the provider Public transportation Private transportation: Friends/Family/Volunteer reimbursement when driver is pre-qualified by Well Sense Health Plan transportation 	<p>Well Sense Transportation</p>	<p>Phone: 844-909-7433 (or 844-909-RIDE)</p> <p>Non-emergent requests are initiated by the member or provider.</p> <p>Non-urgent trip requests must be made at least 2 business days prior to the date of the trip.</p> <p>Urgent trip requests must be made at least 2 hours before transportation is needed.</p> <p>Medicare Advantage: Limited to 24 trips/benefit year</p>

Service	Prior Authorization/ Notification Responsible Party	Medicaid	Medicare Advantage May apply CMS NCD/LCD	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
Actigraphy Testing	PCP or Servicing Provider	Not a covered benefit	◆	Medical Policy	At least 5 calendar days before requested DOS
Acupuncture	PCP or Servicing Provider	Not a covered benefit	◆	Medical Policy	At least 5 calendar days before requested DOS For Medicare Advantage members, prior auth is required for covered indications for acupuncture (low back pain), as specified in the Medical Policy.
Adult Medical Day Care	PCP or Servicing Provider	◆	Not a covered benefit	Medical Policy	At least 5 calendar days before requested DOS
Ambulatory Monitoring Devices: <ul style="list-style-type: none"> • Ambulatory Cardiac Monitors (Excluding Holter Monitors) • Continuous Glucose Monitoring Systems, Artificial Pancreas Device Systems, and Insulin Delivery Devices • Home Prothrombin Time Monitors 	PCP or Servicing Provider	◆ ◆ ◆	◆ ◆ ◆	Medical Policy	At least 5 calendar days before requested DOS
Balloon Sinus Ostial Dilation	PCP or Servicing Provider	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Bariatric Surgery	PCP or Servicing Provider	◆	◆	InterQual®	At least 5 calendar days before requested DOS
Biofeedback in an Outpatient Setting to Treat Incontinence or Constipation	PCP or Servicing Provider	◆	◆	Medical Policy	At least 5 calendar days before requested DOS

Service	Prior Authorization/ Notification Responsible Party	Medicaid	Medicare Advantage May apply CMS NCD/LCD	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
Breast Procedures: <ul style="list-style-type: none"> • Breast Reconstruction • Breast Reduction Surgery • Gynecomastia Surgery • Mastopexy 	PCP or Servicing Provider	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
CAR T-Cell Therapy to Treat Hematological Malignancies	PCP or Servicing Provider	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Cardiac Rehabilitation	PCP or Servicing Provider	◆	◆	Medical Policy in conjunction with InterQual® for medical necessity review	At least 5 calendar days before requested DOS
Cervical Artificial Disc Replacement <i>eviCore will handle authorizations for a DOS on or after 03/01/23</i>	PCP or Servicing Provider	◆	◆	eviCore	At least 5 calendar days before requested DOS
Chronic Back and Neck Pain Treatment: <i>eviCore will handle authorizations for a DOS on or after 03/01/23</i> <ul style="list-style-type: none"> • Facet Joint Nerve Injections • Percutaneous Radiofrequency Denervation • Sacroiliac Joint Injections 	PCP or Servicing Provider	◆	◆	eviCore	At least 5 calendar days before requested DOS

Service	Prior Authorization/ Notification Responsible Party	Medicaid	Medicare Advantage May apply CMS NCD/LCD	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
Clinical Review Criteria		◆	◆	Medical Policy	Administrative policy
Clinical Technology Evaluation		◆	◆	Medical Policy	Administrative policy
Clinical Trials	PCP or Servicing Provider	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Cochlear Implants	PCP or Servicing Provider	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Contact Lens and Scleral Lens for Certain Medical Conditions	PCP or Servicing Provider	◆	◆ *	Medical Policy	For Medicaid: <ul style="list-style-type: none"> • Applies to non-par VSP providers that bill the Plan • At least 5 calendar days before requested DOS *For Medicare: <ul style="list-style-type: none"> • Contact lenses are covered only after cataract surgery – see Member Benefits
Cosmetic, Reconstructive & Restorative Services	PCP or Servicing Provider	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Dental Services, Medically Necessary Facility/Hospital Services (Due to a Serious Medical Condition)	PCP or Servicing Provider	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Drug Screening/Testing for Drugs of Abuse and/or Controlled Substances	PCP or Servicing Provider	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Electric Tumor Treatment Fields (TTF)	PCP or Servicing Provider	◆	◆	Medical Policy	At least 5 calendar days before requested DOS

Service	Prior Authorization/ Notification Responsible Party	Medicaid	Medicare Advantage May apply CMS NCD/LCD	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
Enteral Nutrition (Tube Feeding) Products Supplied and Billed by Home Infusion Providers and Digestive Enzyme Cartridges	PCP or Servicing Provider	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Experimental and Investigational Treatment: <ul style="list-style-type: none"> • Experimental and Investigational Treatment General Policy • Endoscopic Procedures or Magnetic Esophageal Sphincter Augmentation to Treat Gastrointestinal Reflux Disease (GERD) in the Outpatient • Pelvic Floor Stimulation for the Treatment of Incontinence and/or Overactive Bladder 	PCP or Servicing Provider	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Gender Affirmation Surgeries	PCP or Servicing Provider	◆	◆	Medical Policy	At least 5 calendar days before requested DOS

Service	Prior Authorization/ Notification Responsible Party	Medicaid	Medicare Advantage May apply CMS NCD/LCD	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
<p>Genetic Testing: <i>eviCore will handle authorizations for a DOS on or after 03/01/23</i></p> <ul style="list-style-type: none"> • Chromosomal Microarray Analysis for Intellectual Disabilities and/or Multiple Congenital Anomalies • Familial Malignant Melanoma Setting • Fragile X-Associated Disorder • Gene Expression Profiling Cancer Recurrence (e.g., Oncotype DX) • Genetic/Genomic Testing and Pharmacogenetics • Hereditary Breast and Ovarian Cancer Syndrome • Hereditary Colorectal Cancer • Hereditary Thrombophilia 	PCP or Servicing Provider	<p>◆</p> <p>◆</p> <p>◆</p> <p>◆</p> <p>◆</p> <p>◆</p> <p>◆</p> <p>◆</p>	<p>◆</p> <p>◆</p> <p>◆</p> <p>◆</p> <p>◆</p> <p>◆</p> <p>◆</p> <p>◆</p>	<p>eviCore</p>	<p>At least 5 calendar days before requested DOS</p>
<p>Home Health:</p> <ul style="list-style-type: none"> • Routine Services: <ul style="list-style-type: none"> ○ Home Health Aide ○ Occupational Therapy ○ Physical Therapy ○ Respiratory Therapy ○ Skilled Nursing ○ Social Worker ○ Speech Therapy • Post-Partum Visit(s) 	<p>PCP or Servicing Provider</p> <p>PCP or Servicing Provider</p>	<p>◆</p> <p>◆</p>	<p>◆</p> <p>◆</p>	<p>Medical Policy in conjunction with InterQual®</p> <p>Provider Manual</p>	<p>Request to initiate services following evaluation at least prior to the first requested DOS</p> <p>Request additional services at least 5 calendar days before requested DOS</p>

Service	Prior Authorization/ Notification Responsible Party	Medicaid	Medicare Advantage May apply CMS NCD/LCD	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
Hospice Care	PCP or Servicing Provider	◆	Not a Plan-covered benefit*	Reimbursement Policy Covered Services List	Medicaid: <ul style="list-style-type: none"> Request to initiate services following evaluation at least prior to the first requested DOS Request for additional services at least 5 calendar days before requested DOS *Medicare: <ul style="list-style-type: none"> Hospice is covered by Original Medicare, not Medicare Advantage
Hyperbaric Oxygen Therapy (HBOT) or Topical Oxygen Therapy (TOT)	PCP or Servicing Provider	◆	◆	Medical Policy for dx codes that waive auth requirements; InterQual® for medical necessity review	At least 5 calendar days before requested DOS
Implantable Bone-Conduction (Bone-Anchored) Hearing Aids	PCP or Servicing Provider	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Infertility Services	PCP or Servicing Provider	Not a covered benefit	◆	Medical Policy	At least 5 calendar days before requested DOS
Inpatient Care at an Acute Hospital: <ul style="list-style-type: none"> Elective Admission Emergent or Urgent Admission Following Observation Admission <i>Continued next page</i> 	Servicing Facility or Treating Physician Servicing Facility or Treating Physician Servicing Facility	◆ ◆ ◆	◆ ◆ ◆	Provider Manual	At least 5 calendar days before requested DOS Within 1 business day following admission date Within 1 business day following admission date

Service	Prior Authorization/ Notification Responsible Party	Medicaid	Medicare Advantage May apply CMS NCD/LCD	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
<ul style="list-style-type: none"> • Maternity <ul style="list-style-type: none"> ○ Elective C-Section ○ Emergent C-Section and Routine Delivery ○ Home or Same Day Birthing Center • Newborn Birth • Newborn Continued Stay Post Mother's Discharge • Newborn Admission to NICU or Level 2 Nursery 	Servicing Facility Servicing Facility Servicing Facility Servicing Facility Servicing Facility	◆ ◆ ◆ ◆ ◆	◆ ◆ ◆ ◆ ◆		Within 1 business day following admission date No prior authorization needed for contracted provider Within 1 business day of birth Prior to mother's discharge Within 1 business day following admission to NICU/Level 2 Nursery
Inpatient Care at Other Type of Facility: <ul style="list-style-type: none"> • Chronic Disease Hospital • Long-Term Acute Care Hospital (LTAC) • Rehabilitation Hospital • Skilled Nursing Facility 	Servicing Facility or Treating Physician	◆ ◆ ◆ ◆	◆ ◆ ◆ ◆	Provider Manual	Prior to admission Prior to admission Prior to admission Medicaid: Covered by DHHS. Follow current DHHS Process. Medicare: Covered by Plan; request PA prior to admission
Inpatient Readmission	Servicing Facility or Treating Physician	◆	◆	Medical Policy	Within 1 business day following inpatient admission date
Intensity Modulated Radiation Therapy (IMRT)	PCP or Servicing Provider	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Mechanized Spinal Distraction Therapy (Vertebral Axial Decompression Therapy)	PCP or Servicing Provider	Not a covered benefit	Not applicable	Medical Policy	At least 5 calendar days before requested DOS

Service	Prior Authorization/ Notification Responsible Party	Medicaid	Medicare Advantage May apply CMS NCD/LCD	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
Minimally Invasive Procedures and Associated Devices used to Treat Back Pain (Including Thermal Intradiscal Procedures, Interspinous Spacers, Interlaminar Stabilization Devices, Facet Arthroplasty, Lysis of Adhesions, and Minimally Invasive Surgical Procedures for Spinal Fusion and/or to Remove Disc Material) eviCore will handle authorizations for a DOS on or after 03/01/23	PCP or Servicing Provider	◆	◆	eviCore	At least 5 calendar days before requested DOS
Nerve Repair for Peripheral Nerve Injury	PCP or Servicing Provider	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Non-Emergency Transportation Services <i>(also see Transportation, Non-Emergent Medical, above)</i>	PCP or Servicing Provider	◆	<i>See Transportation, Non-Emergent Medical on page 4</i>	Medical Policy	No auth required for emergency transport Auth required for certain non-emergent transport
Observation: <ul style="list-style-type: none"> • Elective • Emergent 	PCP or Servicing Facility Servicing Facility	◆ ◆	◆ ◆	Provider Manual	At least 5 calendar days before requested DOS Within 1 business day following initiation of observation

Service	Prior Authorization/ Notification Responsible Party	Medicaid	Medicare Advantage May apply CMS NCD/LCD	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
Osteochondral Defects of the Knee Treatments <i>eviCore will handle authorizations for a DOS on or after 03/01/23</i>	PCP or Servicing Provider	◆	◆	eviCore	At least 5 calendar days before requested DOS
Out-of-Network Services	PCP or Servicing Provider	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Panniculectomy and Related Redundant Skin Surgery	PCP or Servicing Provider	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Personal Care Assistant Services	PCP or Servicing Provider	◆	Not a covered benefit	Medical Policy	At least 5 calendar days before requested DOS
Pharmacy	PCP or Servicing Provider	◆	◆	Provider Manual	2 calendar days before requested therapy start date
Photochemotherapy, Phototherapy, or Excimer Laser Therapy for Dermatological Conditions	PCP or Servicing Provider	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Pregnancy	Obstetrics Provider	◆	◆	Provider Manual	Within 3 business days of pregnancy confirmation
Preimplantation Genetic Testing	PCP or Servicing Provider	Not a covered benefit	◆	Medical Policy	At least 5 calendar days before requested DOS
Prolotherapy	PCP or Servicing Provider	Not a covered benefit	Not applicable	Medical Policy	At least 5 calendar days before requested DOS
Private Duty Nursing	PCP or Servicing Provider	◆	Not a covered benefit	Medical Policy	At least 5 calendar days before requested DOS

Service	Prior Authorization/ Notification Responsible Party	Medicaid	Medicare Advantage May apply CMS NCD/LCD	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
Pulmonary Rehabilitation	PCP or Servicing Provider	◆	◆	InterQual®	At least 5 calendar days before requested DOS
Rehabilitation Therapy (Functional Therapy), Outpatient: <ul style="list-style-type: none"> • Functional Therapy for a Member Age 20 or Younger in the Outpatient Setting, Including Occupational Therapy, Physical Therapy, and/or Speech Therapy • Occupational Therapy (OT) for Members Age 21 Years or Older • Physical Therapy (PT) for Members Age 21 Years or Older • Speech or Language Therapy, Voice Therapy, or Auditory Rehabilitation for Members Age 21 Years or Older 	PCP or Servicing Provider	◆	◆	Medicaid members: Medical Policy applied in conjunction with InterQual® Medicare Advantage members: Medical Policy applied in conjunction with InterQual®	Request for services following evaluation 5 calendar days before requested DOS
Skin Substitutes in the Outpatient Setting	PCP or Servicing Provider	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Sleep Studies (Polysomnography)	PCP or Servicing Provider	◆	◆	InterQual®	At least 5 calendar days before requested DOS

Service	Prior Authorization/ Notification Responsible Party	Medicaid	Medicare Advantage May apply CMS NCD/LCD	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
Specialty Care Office Visit to Massachusetts Hospitals (Boston)	PCP or Servicing Provider	◆	◆	Provider Manual Member Handbook	At least 5 calendar days before requested DOS
Stimulators, Neuro/Neuromuscular/Nerve: <ul style="list-style-type: none"> • Gastric Electrical • Occipital Nerve Stimulation Setting • Posterior Tibial Nerve Stimulation (Percutaneous or Transcutaneous) • Sacral Nerve Stimulation (Including Peripheral Nerve Stimulation Test) for incontinence and Urinary Conditions • Spinal Cord • Vagus Nerve 	PCP or Servicing Provider PCP or Servicing Provider	◆ ◆ ◆ ◆ ◆ ◆	Not a covered benefit ◆ ◆ ◆ ◆	InterQual® Medical Policy Medical Policy Medical Policy InterQual® InterQual®	At least 5 calendar days before requested DOS

Service	Prior Authorization/ Notification Responsible Party	Medicaid	Medicare Advantage May apply CMS NCD/LCD	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
Surgical Procedures: <ul style="list-style-type: none"> Inpatient (All Elective Procedures) Outpatient (Select Elective Procedures) Additions/Changes to Existing Authorizations 	PCP or Servicing Provider	◆ ◆ ◆	◆ ◆ ◆	Provider Manual	At least 5 calendar days before requested DOS At least 5 calendar days before requested DOS Within 5 business days <i>following</i> the DOS
Temporomandibular Joint (TMJ) Disorder Treatment	PCP or Servicing Provider	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Transplants (Bone Marrow, Stem Cell, or Solid Organ): <ul style="list-style-type: none"> Lung Transplant Pancreas or Pancreas-Kidney Transplant Small Bowel and Multivisceral Transplant Other Transplants 	Servicing Facility	◆ ◆ ◆ ◆	◆ ◆ ◆ ◆	Medical Policy InterQual® or the Plan's Medically Necessary Medical Policy (OCA 3.14)	When determined to be a candidate
Whole Body Integumentary Photography	PCP or Servicing Provider	Not a covered benefit	◆	Medical Policy	At least 5 calendar days before requested DOS

Service	Prior Authorization/ Notification Responsible Party	Medicaid	Medicare Advantage May apply CMS NCD/LCD	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
Video EEG Monitoring	PCP or Servicing Provider	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Vision Therapy	PCP or Servicing Provider	Not a covered benefit	◆	Medical Policy	At least 5 calendar days before requested DOS